

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 16 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

676

1. PLACE OF DEATH

County Cole,

Registration District No. 213

Township 2

Primary Registration District No. 2614

City Jefferson City.

(No. 2)

St. 29

Ward)

2. FULL NAME Roscoe Walters-#32218, Missouri State Penitentiary,

(a) Residence, No. Jefferson City, Mo. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Single.

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF (OR) WIFE OF

- - - - -

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 7, 1901.

7. AGE

YEARS

MONTHS

DAYS

IF LESS than 1 day, ..... hrs. or ..... min.

35

2

6

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Carpenter.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Unknown.

10. Date deceased last worked at this occupation (month and year).....

Unknown.

11. Total time (years) spent in this occupation.....

Unkn.

12. BIRTHPLACE (CITY OR TOWN).....Unknown.  
(STATE OR COUNTRY)

FATHER

13. NAME Frank Walters,

14. BIRTHPLACE (CITY OR TOWN).....Unknown.  
(STATE OR COUNTRY)

MOTHER

15. MAIDEN NAME Unknown.

16. BIRTHPLACE (CITY OR TOWN).....Unknown.  
(STATE OR COUNTRY)

17. INFORMANT Mo. State Prison  
(ADDRESS) Jefferson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Louis, Mo.

DATE Jan. 14

1937

19. UNDERTAKER Heinrichs Und. Co.  
(ADDRESS) Jefferson City, Mo.

20. FILED 1/14/37 27 W. B. S. G. M. D.  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5/18/1936, 19..... to 1/13/1937, 19.....

I last saw h. 1m alive on 1/13/1937, 19..... Death is said

to have occurred on the date stated above, at 2:30 p.m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis.

Date of onset Unkn.

Other contributory causes of importance:

Name of operation None.

Date of - - - -

What test confirmed diagnosis? - - - - Was there an autopsy? - - - -

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....

Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased?

If so, specify.....

(Signed) W. B. S. G. M. D.

M. D.

(Address)

Prison Physician,

Jefferson City, Missouri.

